

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028069

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 277

STATE FILE NUMBER

FILED JUL 31 1962

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>300 East 26th</u>		d. STREET ADDRESS (If outside, give location) <u>300 East 26th</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>VIRGIL</u> Middle <u>J.</u> Last <u>BERRY</u>		4. DATE OF DEATH Month <u>July</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/15/37</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Marine Veteran</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Marines</u>	9. AGE (last birthday) <u>25</u>
11a. FATHER'S NAME <u>Virgil L. Berry</u>		11b. MOTHER'S MAIDEN NAME <u>Anna L. Burns</u>	11. BIRTHPLACE (City and state or country) <u>Sedalia, Mo.</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>Yes U.S. Marines</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Glioblastoma</u> DUE TO (c) <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		15. INFORMANT <u>Mrs. Anna L. Berry, 300 East 20th Sedalia, Mo.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>10:40 A.</u> Month, Day, Year <u>July 22-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from <u>5-3-62</u> to <u>July 22-62</u> and last saw <u>him</u> alive on <u>July 22-62</u> Death occurred at <u>Sedalia</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>J.R. Maddox M.D.</u>		22b. ADDRESS <u>Sedalia Mo</u>	
22c. DATE SIGNED <u>7-24-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>7/25/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Thane Ewing</u>		25. DATE RECD. BY LOCAL REG. <u>July 25, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Nancy Anderson, Deputy</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

6808
3808

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9/1939

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1290-0

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AS AUG 5 1962

AUG 14 1962

AUG 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.